

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
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Website: <http://drl.wi.gov>

## BUREAU OF HEALTH SERVICE PROFESSIONS

### INFORMATION FOR MASSAGE THERAPIST OR BODYWORKER CERTIFICATION CANDIDATES

#### CERTIFICATION REQUIREMENTS

**Certification by examination** - An applicant is eligible for certification as a massage therapist or bodyworker if the applicant:

1. Pays the fee specified in sec. 440.05(1), Stats.
2. Has graduated from a school of massage therapy or bodywork approved by the educational approval board OR has completed an approved training program of at least 600 classroom hours of study as described in s. RL 92.01. A list of approved schools is available upon request to the Educational Approval Board at 30 West Mifflin Street, 9th Floor, P.O. Box 8696, Madison, WI 53708 or the department at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.
3. Has successfully completed at least 6 classroom hours in the laws of this state and rules of the department relating to the practice of massage therapy or bodywork in a course of instruction approved by the department.

**Waiver of education requirements.** The requirements of #2 and/or #3 above shall be waived if an individual submits evidence satisfactory to the department that he or she has successfully completed a course consisting of 8 classroom hours in adult cardiopulmonary resuscitation and standard first aid and EITHER:

1) is currently either certified or recertified by the National Certification Board for Therapeutic Massage and Bodywork,

**OR**

2) is currently either certified or recertified as active and in good standing by any other organization accredited to certify massage therapy or bodywork by the National Commission for Certifying Agencies.

4. Is 18 years of age or older.
5. Has graduated from high school or attained high school graduation equivalency as determined by the department of public instruction under s. 115.29(4), Stats.
6. Has not been convicted of an offense under s.. 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.09, 948.095, 948.10, Stats., or a comparable offense under federal law or a law of any other state.
7. Subject to ss. 111.321, 111.322 and 111.335, Stats, has not been convicted of any other offense not listed in par. (6), the circumstances of which substantially relate to the practice of massage therapy or bodywork.
8. Has passed the **National Certification Examination for Therapeutic Massage and Bodywork** that is offered by the National Certification Board for Therapeutic Massage and Bodywork or the **Asian Bodywork Therapy Examination** of the National Certification Commission for Acupuncture and Oriental Medicine. *These are the only examinations approved by the Department at this time.*
9. Has passed an examination on state laws and administrative rules governing massage therapy or bodywork.
10. Has in effect as a policy holder and insured, malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.
11. Has successfully completed a course consisting of 8 classroom hours in adult cardiopulmonary resuscitation and standard first aid, if the applicant has not graduated from a school of massage therapy or bodywork approved by the educational approval board and if the 8 classroom hours are not completed by the individual as part of an approved training program.

**This certification may be renewed. This certification will expire on March 1st of each odd numbered year. At the time of renewal, certificate holders will be required to submit a current certificate of malpractice liability insurance coverage in an amount not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.**

# Wisconsin Department of Regulation & Licensing

**Reciprocal Certification** - An applicant is eligible for reciprocal certification as a massage therapist or bodyworker if the applicant:

1. Pays the fee required under s. 440.05(2), Stats.
2. Holds a current similar license, registration or certificate to practice massage therapy or bodywork in another state or territory of the United States or another country, the requirements for which are substantially equivalent to the requirements under s. 460.05, Stats. "Substantially equivalent" means the requirements must include all of the following:
  - (a) Certification by the National Certification Board for Therapeutic Massage and Bodywork or any other organization accredited by the National Commission for Certifying Agencies to certify massage therapy or bodywork;  
**OR**  
Completion of at least 500 classroom hours of instruction in massage therapy or bodywork at a school approved by an accrediting agency.
  - (b) That the credential holder must be 18 years of age or older.
  - (c) That the credential holder must have graduated from high school or attained high school graduation equivalency.
3. Has not been convicted of an offense under ss. 940.22, 940.225, 944.15, 944.17, 944.30, 944.31, 944.32, 944.33, 944.34, 948.02, 948.025, 948.08, 948.09, 948.095, 948.10, Stats., or a comparable offense under federal law or a law of any other state.
4. Subject to ss. 111.321, 11.322, and 111.335, Stats., has not been convicted of any other offense not listed in par. 3, the circumstances of which substantially relate to the practice of massage therapy or bodywork.
5. Has in effect as a policy holder and insured, malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.
6. Has not engaged in conduct while practicing massage therapy or bodywork that jeopardizes the health, safety, or welfare of a client or that evidences a lack of knowledge of, inability to apply, or the negligent application of, principles or skills of massage therapy or bodywork.
7. Submits a copy of the rules and regulations currently in effect pertaining to the practice of massage therapy or bodywork in the jurisdiction from which the applicant wishes to reciprocate.

**This certification may be renewed. This certification will expire on March 1st of each odd numbered year.** At the time of renewal, certificate holders will be required to submit a current certificate of malpractice liability insurance coverage in an amount not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION:**

1. **Application (Form #2414):** Complete the enclosed application and attach the appropriate fee. Make check payable to "Department of Regulation & Licensing." Mail to the Department of Regulation and Licensing, Bureau of Health Service Professions, P.O. Box 8935, Madison WI 53708-8935. *See page 2 of the application for a list of other required documents.*
2. **Social Security Number Collection (page 6).** Complete and enclose with your application.
3. **Graduates from Schools Not Approved by the Educational Approval Board – Massage Therapy or Bodywork Training Program Curriculum (Form #2415):** *(Not required of reciprocal candidates)* For applicants who HAVE NOT graduated from a school of massage therapy or bodywork approved by the educational approval board. Complete the number of hours in the six categories and forward to your school for verification. This form must be returned by the school directly to the Department of Regulation and Licensing, Bureau of Health Service Professions, P.O. Box 8935, Madison, WI 53708-8935. Forms received from an applicant will be returned to the applicant.
4. **Graduates from Schools Approved by the Educational Approval Board (Form #2415):** For applicants who HAVE graduated from a school of massage therapy or bodywork approved by the educational approval board. Forward **Form #2415** to your school for verification. This form must be returned by the school directly to the Department of Regulation and Licensing, Bureau of Health Service Professions, P.O. Box 8935, Madison, WI 53708-8935. Forms received from an applicant will be returned to the applicant.

# Wisconsin Department of Regulation & Licensing

## 5. Completion of 6 Classroom Hours in the Laws of the State of Wisconsin Relating to the Practice of Massage Therapy or Bodywork (Form #2415):

(Optional) This course will most often be completed as part of an approved training program at a non-educational approval board approved school (#3 above), or a program at a school approved by the educational approval board (#4 above), and your school will attest to this fact when it returns the required verification on your behalf.

For any applicant who **DID NOT** successfully complete this required 6 classroom hour course as part of an approved training program at a non-educational approval board approved school (#3 above), or a program at a school approved by the education approval board (#4 above), forward **Form #2415** (a copy is acceptable) to the provider of the 6 hour course of instruction for completion. **This form must be returned by the provider directly** to the Department of Regulation and Licensing, Bureau of Health Service Professions, P.O. Box 8935, Madison, WI 53708-8935. **Forms received from an applicant will be returned to the applicant.** By law, this course may be provided by any of the following:

- a. A school of massage therapy or bodywork approved by the educational approval board, even if the 6 hour course of instruction was not completed to meet a requirement for graduation. This means you have taken this course of instruction as a stand alone course and not for the purpose of graduating from that school's program.
- b. A training program at a non-educational approval board approved school whether or not the training program is completed by the individual for purposes of satisfying the requirements to complete the training program. This means you have taken this course of instruction as a stand alone course and not for the purpose of completing the training program.
- c. Any school approved by an accrediting agency. "Accrediting agency" means a regional or national accrediting agency recognized by the U.S. department of education, or a school approved by a state government agency or territorial government agency located in another state or territory of the United States or another country.
- d. A Wisconsin technical college.

## 6. Waiver of Educational Requirements (Items 3, 4, and 5 above): The education requirements of items 3, 4, and 5 above shall be waived if an applicant submits evidence satisfactory to the department that he or she has successfully completed a course consisting of 8 classroom hours in adult cardiopulmonary resuscitation and standard first aid (Item #7 below) **AND** has submitted on the applicant's behalf one of the following:

- a. Evidence the applicant is currently either certified or recertified by the National Certification Board for Therapeutic Massage and Bodywork. A verification must be completed and returned directly to the Department, Bureau of Health Service Professions, from the certifying agency. A verification form is **NOT** included with this application, and must originate from the certifying agency.
- b. Evidence the applicant is currently either certified or recertified as active and in good standing by any other organization accredited to certify massage therapy or bodywork by the National Commission for Certifying Agencies. A verification must be completed and returned directly to the Department, Bureau of Health Service Professions, from the certifying agency. A verification form is **NOT** included with this application, and must originate from the certifying agency.

## 7. Proof of Completion of a Course Consisting of 8 Classroom Hours in Adult Cardiopulmonary Resuscitation and Standard First Aid (CPR): (Not required for graduates from schools approved by the educational approval board). This course will most often be completed a part of an approved training program at a non-educational approval board approved school (#3 above), and your school will attest to this fact when it returns the required verification on your behalf. For any applicant who did not graduate from a school approved by the educational approval board **AND** who **DID NOT** successfully complete this required 8 classroom hour course as part of an approved training program a current CPR certificate must be submitted by the applicant with the application.

## 8. Score Report Request (Chauncey Group Score Report Request Form OR Form #2475): (Not required of reciprocal candidates) For applicants who have passed the "National Certification Examination of the National Certification Board for Therapeutic Massage and Bodywork": Complete Chauncey Group Score Report Request Form, attach the appropriate fee, and forward to The Chauncey Group International, c/o NCBTMB Customer

# Wisconsin Department of Regulation & Licensing

Service, 664 Rosedale Rd., Princeton, NJ 08540, or call 1-800-296-0664. Your scores must be returned **directly** to the Department from The Chauncey Group. Scores received from an applicant will be returned to the applicant.

For applicants that have passed the “Asian Bodywork Therapy Exam” of the National Certification Commission of Acupuncture and Oriental Medicine; complete Form #2475, attach the appropriate fee, and forward to NCCAOM, 11 Canal Center Plaza, Suite 300, Alexandria, VA 22314. Your scores must be returned **directly** to the Department from NCCAOM. Scores received from an applicant will be returned to the applicant.

9. **State Law Examination:** *(Not required of reciprocal candidates)* The Wisconsin Massage Therapy and Bodywork State Law Exam is an open book examination on the Wisconsin Statutes and Administrative Codes that govern massage therapists and bodyworkers. A copy of the examination, and a score sheet are enclosed. Complete and return the exam booklet and score sheet to the Department at your earliest convenience. Candidates who pass the Wisconsin Massage Therapy and Bodywork Examination will not be notified of their successful completion of the exam. Failing candidates will receive notice of their score and a new examination to complete. In addition, a retake examination fee will be required.
10. **Malpractice Liability Insurance:** All applicants are required to submit a copy of a current certificate of malpractice liability insurance which shows the amounts of coverage and expiration date.
11. **Graduation from High School or Attaining High School Graduation Equivalency**
12. **Reciprocal Candidates:** Submit **verification of a current license, registration or certification issued by another state or territory of the United States or province of another country.** You are required to have **each state** in which you have ever been credentialed submit letters of verification to the Wisconsin Department of Regulation and Licensing, Bureau of Health Service Professions. The letters must indicate your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for registration. ***City or county certification does not meet the certification requirements.***

An individual applying for a certificate on the basis of a similar credential must hold a current similar license, registration or certificate to practice massage therapy or bodywork in another state or territory of the United States or another country, the requirements for which are substantially equivalent to the requirements under s. 460.05, Stats. To be substantially equivalent the requirements must include all of the following:

  - (a) Certification by the National Certification Board for Therapeutic Massage and Bodywork or any other organization accredited by the National Commission for Certifying Agencies to certify massage therapy or bodywork; or completion of at least 500 classroom hours of instruction in massage therapy or bodywork at a school approved by an accrediting agency.
  - (b) That the credential holder must be 18 years of age or older.
  - (c) That the credential holder must have graduated from high school or attained high school graduation equivalency.

## **MAILING INSTRUCTIONS:**

Mail the application, the appropriate fee, and supporting documentation to the following address:

DEPARTMENT OF REGULATION & LICENSING  
BUREAU OF HEALTH SERVICE PROFESSIONS  
PO BOX 8935  
MADISON WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## BUREAU OF HEALTH SERVICE PROFESSIONS

### APPLICATION FOR MASSAGE THERAPIST OR BODYWORKER CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

**PLEASE TYPE OR PRINT IN INK**

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
Ethnic/gender status information is optional. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)

If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The \_\_\_\_ license expires on \_\_\_\_ of the (even or odd)-numbered year. It may be renewed for a two year period at that time.

School Name: \_\_\_\_\_

(Where massage therapy or bodywork coursework completed)

School Address: \_\_\_\_\_

(City)

(State)

Date of Coursework

Completion: \_\_\_\_\_

month/day/year

Diploma: \_\_\_\_\_

**APPLICATION FEES:** Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

**For Receipting Use Only**

#### RECIPROCAL CERTIFICATION

(Applicants who have a similar license or credential issued by another state or territory of the United States or another country.)

\_\_\_\_ \$ 53.00 Total fee attached

#### NON-RECIPROCAL CERTIFICATION

\$ 53.00 Initial Credential Fee

\$ 57.00 State Law Exam

\_\_\_\_ \$ 110.00 Total fee attached

# Wisconsin Department of Regulation & Licensing

**CHECK THE SECTION UNDER WHICH YOU ARE SEEKING CERTIFICATION.** [For your convenience we have added a check list.] Under each section is a list of documents required for certification. Your application will not be considered complete until all of these documents have been received by the Department. *Is name on all documents the same? If not, submit a certified copy of marriage certificate, divorce decree, etc.*

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## **CERTIFICATION BY EXAMINATION**

- ☐ Completed application
- ☐ Fee attached to this application
- ☐ Copy of a certificate of malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year, and expiration dates.
- ☐ Completed State Law Exam booklet and scoresheet
- ☐ Evidence of having passed either the “National Certification Examination of the National Certification Board for Therapeutic Massage and Bodywork” (Chauncey Group Score Report Request Form) or the “Asian Bodywork Therapy Exam” of the National Certification Commission for Acupuncture and Oriental Medicine (Form #2475). *This evidence must come directly from the examination services listed above.*

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## **Education Requirements**

**You have three options to satisfy the education requirements for certification by examination. Please choose either Section 1, 2 or 3 below.**

☐

### **Section (1)**

**For applicants who GRADUATED from a school APPROVED by the Educational Approval Board:** Form #2415 must be completed and returned directly to the Department from the school. The following portions of Form #2415 **MUST** be completed:

1. Attestation of graduation by your dean or department head.
2. Reporting curriculum coursework as follows: A course in the laws of this state and rules of the department relating to the practice of massage therapy or bodywork. (6 classroom hours) If this course was not taken as part of the curriculum of the EAB approved school from which you graduated, you MUST submit alternate proof of successfully completing the required course as follows:

6 classroom hour law course – Submit a duplicate copy of Form #2415 to the institution at which you completed the course. The form must be completed and returned directly to the Department from the institution. *Note – Please review Wis. Admin. Code ss. RL 90.02(1) and 91.01(3)(b) for institutions approved to offer this course. The statutes and rules may be viewed at [www.drl.state.wi.us](http://www.drl.state.wi.us).*

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### **Section (2)**

**For applicants who COMPLETED a training program at a school NOT APPROVED by the Educational Approval Board (600 required classroom hours):**

Form #2415 must be completed in its entirety, indicating all curriculum requirements that have been met and the credited classroom hours, and returned directly to the Department from the school. If you did not complete an Adult CPR & Standard First Aid course (8 classroom hours), and a course in the laws of this

*Note: Please review Wis. Admin Code ss. RL 90.02(1) and 92.01 for information regarding an approved training program. The statutes and rules are included with this application and may also be viewed at [www.drl.state.wi.us](http://www.drl.state.wi.us).*

# Wisconsin Department of Regulation & Licensing

state and rules of the department relating to the practice of massage therapy or bodywork (6 classroom hours) you **MUST** submit alternate proof of successfully completing both required courses as follows:

- ☐ Submit a current CPR certificate. (A copy is acceptable.)
- ☐ 6 classroom hour law course – Submit a duplicate copy of Form #2415 to the institution at which you completed the course. The form must be completed and returned directly to the Department from the institution. *Note – Please review Wis. Admin. Code ss. RL 90.02(1) and 91.01(3)(b) for institutions approved to offer this course. The statutes and rules may be viewed at [www.drl.state.wi.us](http://www.drl.state.wi.us).*

## ☐ Section (3)

### **WAIVER of education requirements:**

If you cannot meet the education requirements under sections (1) or (2) above, you may qualify for a waiver. To qualify for a waiver, submit the following:

- ☐ Submit a current CPR certificate. (A copy is acceptable.)  
**AND one of the following:**
  - ☐ Verification that you are currently either certified or recertified by the National Certification Board for Therapeutic Massage and Bodywork. A verification must be completed and returned directly to the Department, Bureau of Health Service Professions, from the certifying agency. A verification form is NOT included with this application, and must originate from the certifying agency
  - OR**
  - ☐ Verification that you are currently either certified or recertified as active and in good standing by any other organization accredited to certify massage therapy or bodywork by the National Commission for Certifying Agencies. A verification must be completed and returned directly to the Department, Bureau of Health Service Professions, from the certifying agency. A verification form is NOT included with this application, and must originate from the certifying agency.



### **CERTIFICATION BY RECIPROCITY**

- ☐ Completed application
- ☐ Fee attached to this application
- ☐ Copy of a certificate of a malpractice liability insurance policy currently in effect which shows the applicant as a policyholder and insured, with coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year and expiration dates.
- ☐ Verification of a current license, registration or certification issued by another state or territory of the United States or province of another country. You are required to have **each jurisdiction** in which you have ever been credentialed submit letters of verification to the Wisconsin Department of Regulation and Licensing, Bureau of Health Service Professions. The letters must indicate your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for certification. **City or county certification does not meet the certification requirements.**
- ☐ Copy of the current law pertaining to the practice of massage therapy or bodywork in effect in the states or jurisdictions in which you are credentialed. *Note – Wis. Adm. Code s. RL 91.03(2) contains the rules to determine if the requirements for a similar license, registration or certificate are substantially equivalent to the requirements under s. 460.05, Stats. The statutes and rules may be viewed at [www.drl.state.wi.us](http://www.drl.state.wi.us).*

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**I AM, OR HAVE BEEN, LICENSED IN THE FOLLOWING STATES (Include all active and inactive states):**

By Written Exam: \_\_\_\_\_

By Endorsement/Reciprocity: \_\_\_\_\_

**\*Verification of each license you currently hold or have held is required in writing from every state board.**

# Wisconsin Department of Regulation & Licensing

## **ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary.)

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. (For Certification by Examination Candidates only. If you are seeking CERTIFICATION BY RECIPROCITY you do not need to answer this question.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you graduated from high school or attained high school graduation equivalency?  |                          |                          |
| If yes, indicate - Name of High School _____   |                          |                          |
| City _____   |                          |                          |
| State _____  |                          |                          |
| Date of graduation _____   |                          |                          |
| OR   |                          |                          |
| Date high school graduation equivalency obtained _____   |                          |                          |
| Granting agency _____  |                          |                          |
| 2. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any governmental credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, provide details about the action, including the name of the credentialing agency and date of the action.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. [Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.]       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. [Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.] | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any law suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or law suit and a copy of the final settlement or disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered, licensed or certified in any other profession(s)? If yes, state what profession(s) and in what state(s).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.   | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of questions 11-17, the following phrases or words have the following meanings:

"Ability to practice massage therapy or bodywork" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate assessment and exercise reasoned massage therapy or bodywork judgments and to learn and keep abreast of massage therapy or bodywork developments; and
2. The ability to communicate those judgments and massage therapy or bodywork information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform massage therapy or bodywork tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.



# Wisconsin Department of Regulation & Licensing

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 11. Do you have a medical condition which in any way impairs or limits your ability to practice massage therapy or bodywork with reasonable skill and safety? If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your use of chemical substance(s) in any way impair or limit your ability to practice massage therapy or bodywork with reasonable skill and safety? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you currently engaged in the illegal use of controlled dangerous substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

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## AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Massage Therapist or Bodyworker or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name	Middle Initial	Last Name
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Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## BUREAU OF HEALTH SERVICE PROFESSIONS

### MASSAGE THERAPY OR BODYWORK PROGRAM CURRICULUM

**NOTE: THIS FORM MUST BE COMPLETED BY YOUR SCHOOL AND RETURNED TO DEPARTMENT OF REGULATION & LICENSING, BUREAU OF HEALTH SERVICE PROFESSIONS, PO BOX 8935, MADISON, WI 53708-8935**

#### **APPLICANT – PLEASE COMPLETE THIS SECTION**

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
Your Street Address (number, street, city, state, zip)			
Mail To Address (if different)			
Date of Birth ____ month ____ day ____ year		Daytime Telephone Number (     ) _____ - _____	
Social Security Number (Optional - for use by school to locate your records.) _____			

#### **CERTIFYING SCHOOL - PLEASE COMPLETE THE FOLLOWING SECTIONS WHICH APPLY**

Enter the number of classroom hours of study you have completed in the seven areas that are listed below. ***Your total must be at least 600 hours.*** **Forward this form to your school of massage therapy or bodywork for verification of your classroom hours of study.** This form must be sent from your school directly to the Department of Regulation and Licensing. Note – Graduates from schools approved by the educational approval board, must only complete the section claiming completion of 6 classroom hours in the laws of this state and rules of the department relating to the practice of massage therapy or bodywork required by s. RL 91.01(3)(b).

#### **HOURS**

_____	Anatomy, Physiology, Pathology, Kinesiology (122 required)
_____	Business, Law & Ethics (50 required)
_____	Note – CHECK IF APPLICABLE – includes at least 6 classroom hours in the laws of the State of Wisconsin and rules of the department relating to the practice of massage therapy or bodywork required by s. RL 91.01(3)(b).
_____	Massage Therapy or Bodywork Theory, Technique and Practice (300 required)
_____	Student Clinic (20 required)
_____	Adult CPR & Standard First Aid (8 required)
_____	Additional Course Offerings Meeting Massage Therapy or Bodywork Course Objectives
_____	Complete the portion below if: The applicant is an EAB school graduate, <b><u>OR</u></b> The applicant completed the required 6 classroom hours at the institution <b><i>BUT NOT</i></b> for the purpose of meeting the “Business, Law and Ethics” requirement above, as part of an approved training program.
_____	Successful completion of at least 6 classroom hours in the laws of the State of Wisconsin and the rules of the department relating to the practice of massage therapy or bodywork.
_____	<b><u>TOTAL HOURS</u></b> (Must equal 600 hours or more)

# Wisconsin Department of Regulation & Licensing

## AFFIDAVIT

**For applicants who COMPLETED a training program at a school NOT APPROVED by the Educational Approval Board.**

I attest to the fact that \_\_\_\_\_ completed  
(Name of Applicant)

at least 600 hours of classroom study in a training program in massage therapy or bodywork listed on page one at

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street, City, State, Zip)

This school was accredited by \_\_\_\_\_  
(fill in blank)

at the time the applicant completed the required 600 hours of classroom study. \_\_\_\_\_  
(Coursework Completion Date)

\_\_\_\_\_  
Signature of Dean or Department Head

( )  
Phone Number

\_\_\_\_\_  
Date

**SCHOOL SEAL**

## AFFIDAVIT

**For applicants who GRADUATED from a school APPROVED by the Educational Approval Board**

I attest to the fact that \_\_\_\_\_ has  
(Name of Applicant)

graduated from a school of massage therapy or bodywork approved by the educational approval board at the time of the applicant's graduation and successfully completed at least 6 classroom hours in the laws of the State of Wisconsin and the rules of the Department relating to the practice of massage therapy or bodywork at

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street, City, State, Zip)

\_\_\_\_\_  
(Coursework Completion Date)

\_\_\_\_\_  
Signature of Dean or Department Head

( )  
Phone Number

\_\_\_\_\_  
Date

**SCHOOL SEAL**

## AFFIDAVIT

**For applicants who completed at least 6 classroom hours in the laws of the State of Wisconsin and the rules of the department relating to the practice of massage therapy or bodywork, not as part of a training program, nor to graduate from an EAB approved school as attested to above.**

I attest to the fact that \_\_\_\_\_  
(Name of Applicant)

has successfully completed at least 6 classroom hours in the laws of the State of Wisconsin and the rules of the department relating to the practice of massage therapy or bodywork at

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street, City, State, Zip)

This institution was accredited by \_\_\_\_\_  
(fill in blank)

at the time the applicant completed the 6 classroom hours. \_\_\_\_\_  
(Coursework Completion Date)

\_\_\_\_\_  
Signature of Dean or Department Head

( )  
Phone Number

\_\_\_\_\_  
Date

**SCHOOL SEAL**



## OFFICIAL SCORE REPORT REQUEST FORM

**(Tested before 8/1/02)**

**Directions:** After you have taken your examination and received your passing score report, use this form to request one or more official copies of your score report to be forwarded directly to a state credentialing/licensing agency. Performance on the National Certification Examination (NCE) is held in confidence and may only be released with written permission by the certificant. To ensure this confidentiality, this form serves as written authorization by the certificant to release this information.

Please **print or type** this information on the form. You must provide all information and include the correct fees or your request will be returned. If necessary, you may make additional copies of this form for multiple requests.

Your Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: (____) _____	Candidate ID or SSN _____	
Examination Date: _____ (month and year)		
State Agency Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
State Agency Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
State Agency Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____

**Mail/Fax completed form to: NCBTMB, 8201 Greensboro Dr, #300,  
McLean, VA 22102, Fax: 703-610-9005.**

**Include \$15 fee per report requested for each state agency.**

**If you tested more than 2-years prior to the date you filled in this form: Include \$25**

Signature \_\_\_\_\_ Date \_\_\_\_\_

By my signature, I authorize NCBTMB to send the results of my performance on the National Certification Examination to the organization or institution that I have requested above.

**Paid by:**      ☐ Check \$\_\_\_\_\_ (if paying by check, mail request form)  
                    ☐ Charge \$\_\_\_\_\_    ☐ Visa    ☐ Mastercard

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## BUREAU OF HEALTH SERVICE PROFESSIONS

### SCORE REPORT REQUEST

### MESSAGE THERAPIST OR BODYWORKER FOR NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE EXAM

**ATTENTION APPLICANT: PLEASE COMPLETE THIS FORM IF YOU HAVE COMPLETED THIS EXAM,  
ENCLOSE A CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO  
NCCAOM (DO NOT SEND CASH) AND FORWARD TO:**

NCCAOM  
EXAM SCORE REQUEST  
11 CANAL CENTER PLAZA, SUITE 300  
ALEXANDRIA VA 22314

#### FEES:

- \$ 25.00 Per score report for applicants certified through NCCAOM
- \$ 100.00 Per score report for applicants not certified through NCCAOM.

**The State of Wisconsin requests a score report of examination concerning the following individual:**

NAME

CANDIDATE ID NUMBER

ADDRESS

\*SOCIAL SECURITY NUMBER

CITY, STATE AND ZIP

EXAMINATION DATE: (Month/Year)

NAME ON NCCAOM SCORE REPORT  
IF DIFFERENT FROM ABOVE

( )  
DAYTIME PHONE NUMBER

DATE OF BIRTH

Applicant's Signature

Date

\*For use in NCCAOM locating your records.

### ATTENTION: NCCAOM

**Please mail score report directly to the Wisconsin Bureau of Health Service Professions at the following address:**

Department of Regulation & Licensing  
Bureau of Health Service Professions  
PO Box 8935  
Madison WI 53708-8935

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth	Social Security Number
_____ month      day      year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information  
is required to check criminal  
information records.

Sex: ☐ M  
☐ F

Ethnic: ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander  
☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--


Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(applicant's name)

\_\_\_\_\_  
Signature of Notary Public

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**



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Website: <http://www.drl.state.wi.us>

## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 261-7096

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov/>

## APPLICATION PACKET ADDENDUM (INTERNET)

### Massage Therapist and Bodyworker

**For the application packet that you have just downloaded, an open book examination is required.**

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the Wisconsin open book exam to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

### **Wisconsin Statutes and Administrative Code.**

For assistance with the Wisconsin open book exam or for your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at <http://drl.wi.gov> . If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of this code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of \$5.28 made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

### **PLEASE PRINT OR TYPE**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City, State, Zip

Thank you.

**For Receipting Use Only**